

PART B - FEE(S) TRANSMITTAL

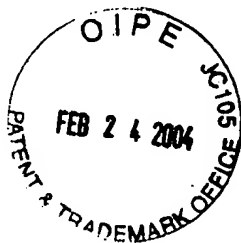
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7590 12/17/2003

Walter Schneider
 21530 Beechwood
 Circleville, OH 43135



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Walter H. Schneider	(Depositor's name)
_____	(Signature)
02/24/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,744	06/18/2001	Rolando Barbucci	1757	3626

TITLE OF INVENTION: CROSS-LINKING PROCESS OF CARBOXYLATED POLYSACCHARIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KRISHNAN, GANAPATHY	1623	536-055100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Walter H. Schneider**
 2 _____
 3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

FARMILA-THEA FARACEUTICI S.p.A. VIA E. FERMI 50
20019 SETTIMO MILANESE, ITALY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) *Walter H. Schneider* (Date) **2/24/04**

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